

8. WHETHER EMPLOYED: (Please tick (√) in the appropriate box)

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YES NO

(If employed, no objection certificate from the employer has to be submitted)

Details of Employer/organization:

Sl. No.	Name & Address of Employer	Period	
		From :	To:

9. NATIONALITY :

10. GENDER:

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MALE FEMALE

11. CATEGORY:

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GC SC ST OBC

12. DETAILS OF EDUCATIONAL QUALIFICATION (STARTING FROM 10TH CLASS)

Board/University	Name & Address of the School/College from where passed	Name of the Examination passed	Year of passing

13. DATE OF COMPLETION OF INTERNSHIP: -----

14. DETAILS OF PAYMENT:

Amount Rs. ----- Bank Draft No. ----- DATED. ----- Name of the Bank -----

15. DECLARATION BY THE CANDIDATE:

I declare that all the particulars stated in this application are true to the best of my knowledge and belief. In the event of suppression or distortion of any fact made in the above application form, I understand that I will be denied the opportunity to appear the ENTRANCE TEST/ADMISSION. If already admitted, my admission will be cancelled. I also understand that the decision of the authorities regarding the admission will be final. If admitted, it is assured that I will follow the rules and regulations of the Institute and University and if I am found guilty of any misconduct I shall be liable for punishment as deemed fit by the Institute authority.

Note: Duly filled application form should reach:
The Chairman PGET-2015 – cum - Director
Swami Vivekanand National Institute of Rehabilitation
Training & Research, At: Olatpur, PO.:Bairoi,
Dist: Cuttack (Odisha) -754010

Signature of the Candidate
Place:.....
Date:

**Swami Vivekanand National Institute of Rehabilitation Training and Research
(Ministry of Social Justice and Empowerment, Govt. of India)
Olatpur, PO: Bairoi, Dist: Cuttack, Odisha: 754010**

PROVISIONAL ADMIT CARD FOR ENTRANCE TEST-2015 (MPT & MOT)

Date & Time of Exam: - **26/07/2015, 11.00 hrs.**

Candidates are allowed to enter the examination hall & occupy seats only 15 minutes before the examination.

Candidate's Name _____

Age _____ **Sex** _____

Course of Admission _____

Paste recent
passport size
photograph
here

Roll No. _____ **(To be filled in by the office)**

***All the particulars except Roll No. i.e. Candidate's name, Age, Sex and Address mentioned in the Provisional Identity Card, must be filled up by the candidate.**

Signature of Candidate
(Sign. and return with Application form)

Signature of Examination Invigilator
(To be signed in the Exam. Hall)

**Swami Vivekanand National Institute of Rehabilitation Training and Research
(Ministry of Social Justice and Empowerment, Govt. of India)
Olatpur, PO: Bairoi, Dist: Cuttack, Odisha: 754010**

PROVISIONAL IDENTITY CARD FOR ENTRANCE TEST-2015 (MPT & MOT)

Date & Time of Exam:- **26/07/2015, 11.00 hrs.**

Candidates are allowed to enter the examination Hall & occupy seats only 15 minutes before the examination.

Candidates Name: _____

Age: _____ **Sex:** _____

Course of Admission _____

Paste recent
passport size
photograph
here

Roll No. _____ (To be filled in by the office)

***All the particulars except Roll No. i.e. Candidate's name, Age, Sex and Address mentioned in the Provisional Identity Card, must be filled up by the candidate.**

Signature of Candidate
(Sign. and return with Application form)

Signature of Candidate
(To be signed in the Exam. Hall)

Signature of Examination Invigilator
(To be signed in the Exam. Hall)

FOR OFFICE USE ONLY

Candidates name: Mr. /Mrs/Miss. _____

Venue of the Examination: _____

Roll No.

**Signature of the Chairman PGET- 2015
Cum-Director,**